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APPLICANTS

Conrad Klotz, Nappanee, IN;  
 Daren Deffenbaugh, Winona Lake, IN;

\*\* CONTINUING DATA ..... *bf*

\*\* FOREIGN APPLICATIONS ..... *B*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY IN	SHEETS DRAWING 3	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
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Verified and Acknowledged \_\_\_\_\_  
 Examiner's Signature \_\_\_\_\_ Initials \_\_\_\_\_

ADDRESS  
 Paul J. Maginot  
 Suite 3000  
 111 Monument Circle  
 Indianapolis, IN  
 46204-5115

TITLE  
 Modular radial component for a total wrist arthroplasty

FILING FEE  RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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